Application or Docket Number

Effective January 1, 2003												
		CLAIMS AS	(Colur	SMALL E				OR	OTHER SMALL I			
TOTAL CLAIMS			1/3				RAT	Έ	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	BASIC FEE 3		OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			! ウ minus 20=		*		X\$ 9	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*	*		X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				+140			OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in o			olumn 2	TOTAL			OR	TOTAL	
CLAIMS AS AMENDED - PART II								-	L	'	OTHER	THAN
<b></b>		(Column 1)	£	(Colur	mn 2)	SMA	SMALL ENTITY			SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=	
AME	Independent	* NTATION OF MU	Minus	***	CL AIRA	=	X42	<u>:</u> =		OR	X84=	
-	I FIRST PRESE		+140	)=		OR	+280=					
11, 12 23							TC ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
_					mn 2)	(Column 3)						
IENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
No	Total	*	Minus	**		=	X\$ 9	9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42	<u>:</u> =		OR	X84=	
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		+140	)-		1	+280=	
								U= OTAL		OR	+280= TOTAL	
								FEE	L	OR	ADDIT. FEE	<u></u>
<u> </u>	(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST								455	1 '		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	*	Minus	**		=	X\$ 9	}=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X42	<u>!</u> =		OR	X84=	
ľ	FIRST PRESE	ENTATION OF M	ULTIPLE DE	IPLE DEPENDENT								
	If the entry in colu	mn 1 is less than the	he entry in colu	ımn 2. write	e "0" in co	lumn 3.	+140			OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
1		nber Previously Pa					found in th	ne ap	propriate bo.	x in co	lumn 1.	

FORM PTO-875 (Rev. 12/02)